REDUCE THE RISK OF WRESTLING SKIN INFECTIONS (INCLUDING MRSA

HIBICLENS/HIBISTAT AND WRESTLING SUGGESTIONS TO REDUCE THE RISK OF MRSA INFECTIONS

SURFACES

- Clean regularly with a cleaner proven to kill MRSA. Make sure that the surface cleaner has been EPA tested and approved for MRSA. Also consider daily cleaning of surfaces with spore killing cleaners to prevent the transfer of molds and spore-forming bacteria (MRSA is not a spore-former)
- Mats: Consider a disposable, single-use mopping device rather than a reuseable mop. Mops can harbor bacteria and spread contamination. If a reuseable mop is your only option, make sure it is soaked in a concentrated form of a cleaner proven to kill MRSA between uses.
- Is the wrestling room a dedicated room? If not, it is critical
 that the mat be cleaned after use because the school
 cafeteria or other frequently used room is often used for
 wrestling if a dedicated wrestling room is unavailable. The
 entire student body passes through the cafeteria every day.
- Training and taping tables: since it is unlikely there will be time to clean the tables between each athlete, use a cleaner with residual killing (cidal) properties. (Residual kill means that the agent keeps killing after being applied, and not just upon initial contact.)

EQUIPMENT

- Regularly clean equipment with a product proven to kill MRSA. Alcohol-based wipes are excellent killers, but they are also excellent solvents, so beware of the type of surface you are cleaning if using alcohol.
- Consider cleaning everything that can be touched. The obvious equipment to be cleaned is head gear, but cell phones, keyboards, pens, clip boards, etc. also can harbor and transfer bacteria.
- Laundry: To kill MRSA, the wash temp needs to exceed 140°.
 Most residential and many commercial machines do not
 reach this temperature. Fabrics should also be dried on the
 hot setting. With uniforms and other fabrics, cleaning at
 high temperatures may not be recommended. The CDC has
 stated that it is critical that all fabrics be completely dry
 when they come out of the dryer. Completely dry fabrics
 are very important. Bacteria love warm, humid environments

SKIN

- Hibiclens is FDA approved for use as a general skin cleanser, skin wound cleanser, and hand hygiene antiseptic (in addition to being approved as a surgical scrub and preoperative skin prep). It has been proven to be almost as non-irritating as water on the skin, yet it is a broad spectrum antimicrobial which bonds to the skin and continues to actively kill for up to 6 hours after use (residual kill). CHG, the active ingredient in Hibiclens, bonds to the outer layers of skin and is not absorbed into the body.² Hibiclens kills MRSA and other Staph strains of bacteria.³
- Skin is perhaps the most overlooked area when preventing MRSA infections. Skin is the most important area to treat since MRSA is a skin infection.
- · Have athletes wash their entire arms with Hibiclens BEFORE

- practice and competition. After washing, CHG in Hibiclens bonds to the skin and continues to actively kill bacteria for up to 6 hours after use. A study was recently completed where arms were washed with Hibiclens one time. The arms were inoculated with MRSA bacteria at 1 hour, 2 hours, 3 hours and 4 hours. The Hibiclens-washed arms demonstrated the ability to continue bactericidal action (active killing) at all test points and to significantly reduce the risk of transfer of MRSA bacteria. ⁴ Since the CHG in Hibi bonds to the skin, it is invisible and leaves no residue on the skin after washing.
- Have athletes wash the skin under pads regularly (dailythis can be done at home). Since knee pads are never completely dry (see laundry instructions), they become a bacteria friendly environment (smell them), and slightly abrade the skin under the pad, knee pads provide the perfect conditions for MRSA and other skin infections.
 Washing with Hibiclens regularly will help reduce the risk of transfer of bacteria to the skin under the pad. 4
- Hibiclens is also effective against the bacteria that cause acne. Since body acne is common in sports and a portal of entry for a more serious infection, washing the affected area with Hibiclens can reduce acne and the risk of providing a portal for a more serious infection.
- Hibiclens is also effective against the herpes virus. It will not enter the nervous system to eradicate the virus, but it is effective on the skin.⁵
- Hibiclens is effective against the flu virus. Since wrestlers' immune systems may be taxed during the season, use of Hibiclens can help reduce the chance of preventable illness.
- Hibistat is effective against ringworm and athletes foot.
 Hibistat is an alcohol wipe that contains CHG (the same
 active ingredient as Hibiclens). It is a portable wipe that
 also provides up to 6 hours of germ-killing action (residual
 kill) after use when a sink is not available. The Hibistat
 wipe also helps remove debris from skin something that
 alcohol rinses without wipes fail to do. Hibistat is recommended for use on intact skin since it is an alcohol-based
 product.

OTHER STEPS TO BE TAKEN BY ATHLETES TO REDUCE THE RISK

- Do not share equipment or personal items. This includes head gear to razors to soap and towels and anything that comes in contact with the skin.
- Shower after practice or competition. Between the facility
 and home, hundreds of items will be touched. Considering
 how long MRSA can live on surfaces and the fact that these
 same surfaces will be touched on the way back to the facility the next day, removing potential contaminants before
 leaving the facility is a key step.
- Report any suspicious skin blemishes immediately. Steps can be taken to prevent small blemishes from becoming major infections.

MRSA LIFE SPAN FACTS¹

- · MRSA can live for up to 7 months on dust
- MRSA can live for up to 8 weeks on a mop head
- MRSA can live for up to 9 weeks on cotton (towel)
- MRSA can live for up to 203 days (over 6 months) on a blanket
- MRSA can live on the skin of otherwise healthy individuals, with no symptoms indefinitely

MRSA FACTS

- MRSA is a resistant form of Staphylococcus aureus that can live on the skin and cause skin infections
- Community Acquired MRSA (CA-MRSA) can progress from first symptom to death in as few as 3 days (Ref: LA County Jail, NCCHC Convention Workshop, Oct. 2006)
- · Intact skin is the body's natural defense against infection.
- Any abrasion or break in the skin creates a potential portal of entry
- Abraded skin under a knee pad may create a portal of entry for infection. Knee pads do not protect against infection, and they may, in fact, be carriers of bacteria that can cause infection.
- CA-MRSA has many treatment options and is very treatable if diagnosed in the early stages
- MRSA is most commonly misdiagnosed as a spider bite, impetigo or as a harmless pimple. Look for disproportionately greater pain compared to the size of the affected area to help differentiate MRSA from lesser concerns. Another important thing to consider is that spider bites are extremely rare. You are more likely to be struck by lightning than to be bitten by a spider. Informed health care professionals in high risk environments often treat "spider bites" as MRSA if a dead (brown recluse) spider cannot be produced.
- Always consult a health care professional immediately if MRSA is suspected.

WHAT DOES MRSA LOOK LIKE?

 The most common misdiagnoses of MRSA are spider bites, impetigo, and cellulites.











Mölnlycke does not provide medical advice. The above measures and guidelines are not intended as a substitute for institution procedures or professional medical advice. As with all matters potentially involving the spread of infectious diseases, advice should be sought from appropriate medical professionals.

'Journal of Infection Control (2001) 49: 255-261 'Regent Medical Study #030917:150 'Regent Medical Study #050339-201

**Journal of Infection Control (2001) 497: 255-261 *Regent Medical Study ** #030917*150 *Regent Medical study 05-0338-20, 05-0527-201, and HIB 3-107-10-1 *HIMC Study #0501339-20 Regent Medical, Hibiclens, Regent Medical, Hibiclens (1909) and Mölnlycke Health Care (1909) and Mölnlycke Health Care (1909) and Molnlycke Hea